

APPLICATION FOR ZONING PERMIT
FAUQUIER COUNTY, VIRGINIA

NO. _____

Application is hereby made for a zoning permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all County and State Laws and Ordinances and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit. This permit is valid for six (6) months from date of issuance. If not renewed prior to expiration, this permit is null and void.

FILL OUT COMPLETELY - INCOMPLETE APPLICATIONS WILL BE RETURNED - PRESS FIRMLY

Record Owner as shown on deed:

Full Name: _____ Phone (Home): _____
(Day): _____

Owner Mailing Address/Zip: _____

Parcel Identification Number: _____ Magisterial district: _____

Lot No.: _____ Section: _____ of _____ Subdivision

Street: _____ State Road # _____ Acres: _____ Frontage: _____

New Dwelling Construction, are there any other dwellings on this tract? _____ How many? _____

Existing Structures(Numbers and type): _____

Construction Value: _____ Estimated completion date: _____

Dimensions: Finished area: * _____ square feet, Unfinished area: * _____ square feet,

Height of Structure: _____ feet. * MUST MATCH TOTALS FROM PAGE 2.

TYPE OF IMPROVEMENT:

____ New Building
____ Addition
____ Alteration, Repair
____ Demolition
____ Moving (relocation)
____ Foundation/Footing Only
____ Electrical
____ Temporary Electrical
____ Mechanical
____ Plumbing
____ Swimming Pool
____ Change of Use
____ Other, Specify _____

PROPOSED USE:

____ One Family, # of bedrooms _____
____ Two or more Family, # of bedrooms _____
____ Transient hotel, motel or dormitory
____ # of units _____
____ Townhouse
____ Apartment
____ Modular/Industrialized Home, # of bedrooms _____
____ Manufactured (Mobile) Home, # of bedrooms _____
____ Garage, Carport
____ Pond
____ Amusement, Recreational

____ Church
____ Industrial
____ Service Station
____ Hospital, Institutional
____ Office, Bank
____ Public Utility
____ School, Library, Educational
____ Stores
____ Tanks, Towers
____ Other, Specify _____

DESCRIBE IN DETAIL PROPOSED WORK BEING DONE.

Note: If use of building is being changed or if joint use is being added, enter all new proposed use(s) and also define existing use(s).

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing the above proposed work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other statement, local, or state law regulating construction or the performance of construction.

Signature _____

Date _____

**COMPLETE ALL REQUIRED
INFORMATION ON REVERSE SIDE**

FOR APPLICANT USE - SITE OR PLOT PLAN - TO SCALE 1" = _____ MUST BE COMPLETED

A copy of a recorded plat showing the proposed construction and distance from all property lines shall be filed with this application. If no plat exists, use this area for your plat plan.

DEED BOOK _____ PAGE # _____
DATE PLAT APPROVED: _____ BY WHOM: _____

FLOODPLAIN INFORMATION:

Is this property within the 100-year floodplain (flood boundary) as defined on the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Map? _____

If yes, is this proposed construction within 25 feet of that floodplain? _____ FEMA Map #: _____

OFFICIAL USE ONLY - ZONING ADMINISTRATOR

District: _____

Floodplain: _____

Use: _____

Health Department Approval: _____

Front Yard: _____

Entrance Permit: _____

Side Yard: _____

Side Yard: _____

E & S Report _____

Rear Yard: _____

Notes: _____

FEE: _____

ZONING ADMINISTRATOR: _____

APPLICATION FOR BUILDING PERMIT

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Date _____

SELECTED CHARACTERISTICS OF BUILDING - Residential and Nonresidential

Heating/Cooling System (☑)

- ☐ Gas ☐ Heat Pump
☐ Oil ☐ Central Air
☐ Electric Baseboard
☐ Electric Furnace

Water/Sewer System (☑)

- Private: ☐ Water ☐ Sewer
Public: ☐ Water ☐ Sewer

Name of Water/Sewer Provider
(WSA, Warrenton, Remington, etc.)

Electrical Service

Power Company

Job Number*

AMPS
* Required for Virginia Power and
Rappahanock Electric Customers

DIMENSIONS:

Nonresidential - Commercial

All floors, include all areas (deck, porch, etc.)

_____ sq. ft.

Residential - Finished Area *

1st Floor _____ sq. ft.
2nd Floor _____ sq. ft.
3rd Floor _____ sq. ft.
Finished Basement _____ sq. ft.

Total Finished Area _____ sq. ft.

Residential - Unfinished Area *

Unfinished Basement _____ sq. ft.
Garage _____ sq. ft.
Carport _____ sq. ft.
Porch/Deck _____ sq. ft.
Other(s) [i.e., pool, etc.] _____ sq. ft.

Total Unfinished Area _____ sq. ft.

* The total finished and unfinished area dimensions that you specify on this page must match (1) those specified on the first page of this application (2) those specified on the building plans and (3) those specified on the zoning permit application. The area specified shall be calculated from the outside dimensions of the structure.

FOR OFFICIAL USE ONLY

CONSTRUCTION CLASSIFICATION

Use Group

Construction Type

BOCA _____ CABO _____ USBC _____

VALIDATION

Issue Date: _____

Receipt Number: _____

Permit Number: _____

FEES

Water/Sewer Fees

Administrative Fees

_____ \$ _____ # _____ \$ _____

_____ \$ _____ # _____ \$ _____

Plan Review Fees

_____ \$ _____

_____ \$ _____ Photocopies

_____ \$ _____ # _____ \$ _____

_____ \$ _____ # _____ \$ _____

FEES

Building Fees

Certificate of Occupancy

_____ \$ _____ # _____ \$ _____

_____ \$ _____ Temp. Cert. of Occupancy

_____ \$ _____ # _____ \$ _____

_____ \$ _____ Electrical Fees

_____ \$ _____ # _____ \$ _____

_____ \$ _____ # _____ \$ _____

_____ \$ _____ # _____ \$ _____

_____ \$ _____ # _____ \$ _____

Mechanical Fees

Plumbing Fees

_____ \$ _____ # _____ \$ _____

_____ \$ _____ # _____ \$ _____

_____ \$ _____ # _____ \$ _____

1% Virginia Levy # _____ \$ _____

TOTAL PERMIT FEES \$ _____